

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP			
1	/						51		
2	/						52		
3	/						53		
4	/						54		
5	/						55		
6	/						56		
7	/						57		
8	/						58		
9	/						59		
10	/						60		
11	/						61		
12	/						62		
13	/						63		
14	/						64		
15	/						65		
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17	/						67		
18	/						68		
19	/						69		
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23	/						73		
24	/						74		
25	/						75		
26	/						76		
27	/						77		
28	/						78		
29	/						79		
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31	/						81		
32	/						82		
33	/						83		
34	/						84		
35	/						85		
36	/						86		
37	/						87		
38	/						88		
39	/						89		
40	/						90		
41	/						91		
42	/						92		
43	/						93		
44	/						94		
45	/						95		
46	/						96		
47	/						97		
48	/						98		
49	/						99		
50	/						100		
TOTAL IND.		5					TOTAL IND.		
TOTAL DEP.		45					TOTAL DEP.		
TOTAL CLAIMS	50						TOTAL CLAIMS		